

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-015082

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No. **042**

Primary Registration District No. **1000**

Registrar's No. **578**

STATE FILE NUMBER

FILED MAY 15 1963

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph,		c. CITY OR TOWN St. Joseph,	
Length of stay in 1b' 40 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hospital		d. STREET ADDRESS (If outside, give location) 2605 South 11th Street	
3. NAME OF DECEASED (Type or print) First HARRY Middle R. Last WAGERS		4. DATE OF DEATH Month May Day 6 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Feb. 21, 1901
9. AGE (last birthday) 62		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY C.B. & O. Railroad	
11. BIRTHPLACE (City and state or country) Amity, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Sumner Wagers		13b. MOTHER'S MAIDEN NAME Minnie Ellis	
14. NAME OF HUSBAND OR WIFE Alline M. Wagers		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. Alline M. Wagers-St. Joseph, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Left Ventricular failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial infarction DUE TO (c) Arteriosclerotic Cardiovascular disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 11-5-57 to 5-6-63 and last saw him alive on 5-5-63 Death occurred at 12:05 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R.L. Maguire		22b. ADDRESS 702 Galea, St. Joseph Mo	
22c. DATE SIGNED 5-8-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE May 8, 1963		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
23d. LOCATION (City, town, or county) St. Joseph, Missouri		24. FUNERAL DIRECTOR Meierhoffer-Fleeman Inc., St. Joseph, Mo.	
25. DATE RECD. BY LOCAL REG. May 13 1963		26. REGISTRAR'S SIGNATURE Wm. Clark Goodell	

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF
R.L. Maguire

USE BLACK INK

OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

1 **5117**

2 **5117**

3 **2**

4 **0**

5 **1**

6

7 **0**

8 **2**

9 **4201**

10

11

12 **3-0**

13 **1-0**

MAY 26 1963

Permit issued 5-8-63

STATEMENT BY LICENSED EMBALMER

0-2

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Albert R. Harrington

Licensed Embalmer No.

3258

P. O. Address

St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.